Kentucky Epidemiologic Notes & Reports

CABINET FOR HEALTH SERVICES
DEPARTMENT FOR PUBLIC HEALTH
DIVISION OF EPIDEMIOLOGY
& HEALTH PLANNING

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Influenza: Prevention and Control for 1998-1999 Season

Vaccinating persons at high risk before the influenza season each year is the most effective measure for reducing the impact of influenza. When vaccine and epidemic strains of virus are well matched, achieving high vaccination rates among persons living in close settings can reduce the risk for outbreaks by inducing herd immunity.

Influenza vaccine is strongly recommended for any person aged •6 months who is at increased risk for complications of influenza because of age or an underlying medical condition. Health-care workers and others (including household members) in close contact with persons in high-risk groups should be vaccinated also. Vaccine is available under the Kentucky VFC (Vaccines for Children) Program for those 6 months through 18 years of age who are at increased risk for complications of influenza because of a medical condition. Medicare Part B began paying for influenza virus vaccine on May 1, 1993.

Groups at Increased Risk for Influenza-Related Complications 1) Persons aged •65 years; 2) Residents of nursing homes and other chronic-care facilities that house persons of any age who have chronic medical conditions; 3) Adults and children who have chronic disorders of the pulmonary or cardiovascular systems, including children with asthma; 4) Adults and children who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases, renal dysfunction, hemoglobinopathies, or immunosuppression (regardless of cause); 5) Children and teenagers (aged 6 months–18 years) who are receiving long-term aspirin therapy and therefore are at risk for developing Reye Syndrome after influenza; and 6) Women who will be in a the second or third trimester of pregnancy during the influenza season.

Efforts Directed Toward Special Groups

CDC is conducting a campaign to encourage those with diabetes to receive flu vaccine. Persons with diabetes are about 3 times more likely to die from complications of influenza and pneumonia than are those in the general population. During flu epidemics, deaths among people with diabetes increase 5 to 15%. Providers are encouraged to promote both influenza and pneumonia vaccine for persons with diabetes. In addition, a special campaign, Flu Shot Sunday, is scheduled for selected Kentucky communities on October 11, 1998. The emphasis is to reduce barriers so that older citizens will receive flu vaccine. The Department for Public Health and other partners are participating in this project led by Health Care Excel, the Kentucky Medicare Peer Organization, to improve vaccination rates for Medicare recipients.

For additional information contact your local health department or the Immunization Program, Sandra Gambescia, Program Manager, at sandra.

In this issue. . . .

TOLL-FREE PHONE AND FAX MACHINE FOR REPORTING

A toll-free telephone line has been installed for reporting notifiable diseases to the Surveillance & Investigations Branch, Division of Epidemiology & Health Planning. The line is available for medical and laboratory providers as well as hospitals, nursing homes, and other inpatient facilities. (We suggest that local health departments continue to call 502-564-3418.) As reported in the August 1998 issue of *Kentucky Epidemiologic Notes & Reports*, an answering service is now taking calls during non-working hours. These new aids to enhancing disease reporting are supported by a grant from the National Center for Disease Control, Centers for Disease Control & Prevention. **Call 1-888-9-REPORT (1-888-973-7678) or use our new fax number 502-564-0542 for your questions or reports of notifiable diseases.**

Kentucky Flu Surveillance

Each year a Kentucky network of volunteers participates in weekly influenza surveillance by reporting cases of influenza-like illness, laboratory test results, and school absences. (Increased school absences help predict community influenza activity.) Information about disease prevalence helps health care providers diagnose and treat flu symptoms. The 36 surveillance volunteers for the 1998-99 season signed on in August. Members include clinics, schools, colleges, nursing homes, an occupational health center, and private physicians.

Our 1997-98 influenza season ended in May with confirmation of influenza in 6 of the 14 counties that submitted isolates to the Division of Laboratory Services. (See Figure 1.) Reports of influenza were more common last season than in 1996-97 because of enhanced surveillance and a longer season. (See Table 1.)

Although evidence indicates a low likelihood of person-to-person transmission of the influenza A (H5N1) avian flu detected in Hong Kong, Kentucky followed the Centers for Disease Control and Prevention recommendations and expanded surveillance activities to include screening of all hospitalized patients who met the case definition. (See *Kentucky Epidemiologic Notes and Reports*, March 1998.) No cases were reported during the 1997-98 season.

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Figure 1. Kentucky 1997-98 Influenza Isolates by County

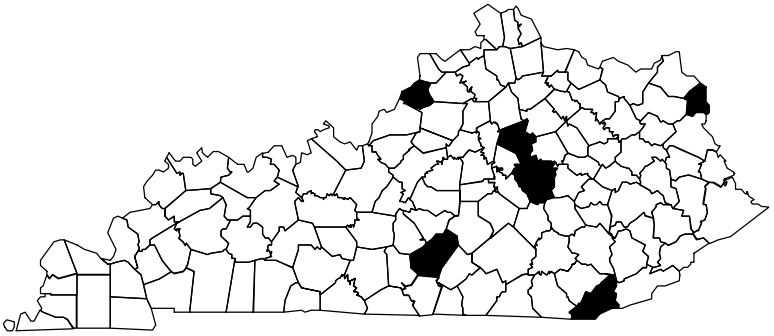


Table 1. Kentucky Influenza Surveillance: 1997-98 and 1996-97

	1997-98 Season	1996-97 Season
Laboratory-Confirmed Cases	130	39
Weeks Ending (Length of Season)	10-4-97 • 05-23-98	11-01-96 • 03-28-97
Patient Age Range	1-79 years	1 – 72 years
Type A / Type B	130 / 0	36 / 3
Male / Female / Unknown	70 / 55 / 5	14 / 25 / 0
Counties submitting isolates	Adair, Allen, Anderson, Bell, Boyd, Bullitt, Calloway, Fayette, Franklin, Jefferson, Madison, Oldham, Taylor, Warren	Adair, Allen, Barren, Bath, Boyd, Bullitt, Carter, Franklin, Jefferson, Livingston, Madison, Marshall, McCracken, Oldham

Teleconference Update . . .

Preparing for the Coming Influenza Pandemic, originally scheduled for November 19, 1998, has been postponed. The new date is February 25, 1999.

For more information you may call Mary Sanderson, Kentucky Immunization Program at 502-564-4478 or use her fax number at 502-564-4553.

Hepatitis A, B and C: What You Need to Know to Report Acute Cases

Kentucky's Disease Surveillance regulation (902. KAR 2:020) requires health care providers and facilities to report cases of specified communicable diseases. (See *Kentucky Epidemiologic Notes and Reports*, July 1997). These requirements apply to cases of acute hepatitis A, B and C and to cases in pregnant women or children born in or after 1992 who have positive hepatitis B surface antigen.

The Centers for Disease Control and Prevention (CDC) has established a set of disease surveillance case definitions[1] that has been incorporated into the Kentucky regulation. The definitions are used in evaluating the information submitted to the Department for Public Health on every Reportable Disease Form. Cases that include all the elements in the CDC definition are entered into our registry and the CDC surveillance reporting system.

The accompanying figure lists the required clinical case definition and laboratory criteria for reporting acute hepatitis to your local health department. Cases of hepatitis A are to be reported within 1 business day, while hepatitis B and C are to be reported within 5 business days. When the state surveillance staff reviews submitted reports, they expect to see a date of onset of the acute illness, whether the patient had jaundice or not, the liver enzyme test results and the reference range. The onset of the illness may be approximate (e.g., about one week prior to 5-10-98) rather than a firm date, but it is an essential for case determination.

A number of Reportable Disease Forms are received reporting chronic illness. However, CDC's case definitions specify that those with chronic hepatitis or identified as HBsAg positive or anti-HCV positive are not to be confirmed as having acute viral hepatitis. The exception is if the patient also has evidence of an acute illness that is compatible with viral hepatitis.

Note that in reporting hepatitis A, the laboratory test for total antibodies to hepatitis A virus (anti-HAV) is not sufficient for case determination. The case definition specifies testing for immunoglobulin M (IgM) antibody to hepatitis A which indicates acute or very recent infection. (Figure 1) Also, patients may have evidence of prior hepatitis A (i.e., anti-HAV), but now are acutely ill with either hepatitis B or C. A confirmed case of hepatitis A meets the clinical case definition and occurs in a person with an epidemiologic link with someone who has laboratory confirmed hepatitis A

When reporting positive HBsAg tests in pregnant women, the local health department needs to know: a) identifying information on the patient, b) date of screening test and results; c) physician's name and locating information; and d) estimated delivery date and expected birthing hospital. Information needed on children with positive HBsAg tests includes a) identifying information on the child; b) whether or not the mother was HBsAg positive; c) history of immunization with hepatitis B immune globulin and hepatitis vaccine; and d) country of birth.

The Kentucky communicable disease surveillance system begins with local providers reporting cases or suspected cases to their county health department. Providers may also report directly to the Division of Epidemiology and Health Planning. State staff serve as consultants to both public and private providers and to citizens. Whenever reports are submitted of suspected acute viral hepatitis, state staff works through the local health department of the patient's residence to complete case determination. For a copy of the CDC case definitions see the CDC web page at www.cdc.gov/epo/dphsi/casedef/cover97.htm.

REFERENCE

1. CDC. Case definitions for infectious conditions under public health surveillance. MMWR 1997; 46 (No.RR-10): 1-58.

Submitted by: Patricia Beeler and Barbara Sonnen, Surveillance & Investigations Branch, pat.beeler@mail.state.ky.us or barbara.sonnen@mail.state.ky.us or 502-564-3418.

Figure 1. CRITERIA FOR REPORTING ACUTE VIRAL HEPATITIS[1]

Clinical Case Definition

An acute illness with:
Discrete onset of symptoms **and**
Jaundice **or** elevated serum aminotranferase levels (ALT, AST)

Laboratory Criteria

Disease	Test	Results
Hepatitis A	Immunoglobulin M (IgM) antibody to hepatitis A virus (anti-HAV)	Positive
Hepatitis B	Hepatitis B Surface Antigen (HBsAg) **or**	Positive
	IgM antibody to hepatitis B core antigen (anti-HBc)	Positive, if done
	IgM antibody to hepatitis A virus (anti-HAV)	Negative, if done
Hepatitis C	Serum aminotransferase levels (ALT, AST) **and**	>2.5 times upper limits of normal
	IgM anti-HAV **and**	Negative
	HBsAg **or**	Negative
	IgM anti-HBc (if done) **and**	Negative, if done
	Antibody to hepatitis C virus (anti-HCV)	Positive, verified by supplemental test

READER'S SURVEY: What you told us . . .

Nearly 200 people completed and returned the Reader's Survey from the February 1998 issue of *Kentucky Epidemiologic Notes and Reports*. Replies were received from physicians (47.8%), nurses (29.8%), infection control practitioners (20.2%), administrators (5.1%), and others. Respondents' work settings included hospitals or nursing homes (20.2%), local (19.1%) and state (2.8%) health departments, and universities (12.4%). Most who replied read *Notes and Reports* monthly (93.8%). Readers were about evenly divided between those who read every article (42.1%) and those who read selected articles (44.4%). Overall quality was judged "Excellent" (70.0%) or "Good" (30.0%).

When rating content and data (Table 1), readers gave higher marks to "Useful in my work" and "Interesting" than to "Relevant" and "Accurate." Many indicated the articles are "Clear" and of "Satisfactory length" (Table 2). In rating the appearance, higher marks were received for "Readable type" than for other attributes (Table 3). We contacted a few survey respondents by telephone to learn more about readers' views. Those we talked with indicated they probably overlooked ratings such as "Accurate" (Table 1) and "Appealing layout" when completing the form (Table 3). In general, they told us that they are pleased with *Notes and Reports* and don't have problems with its graphics, layout or accuracy.

Readers want us to continue to focus on infectious or communicable diseases, with vital statistics reports rated second (Table 4). Fewer respondents were interested in chronic diseases, injury/violence prevention, and maternal and child health topics.

Thank you for helping us evaluate our newsletter. Now we are more confident that *Notes and Reports* is meeting the needs of the readership. Please send suggestions for content and/or layout to e-mail addresses: barbara.sonnen@mail.state.ky.us or nancy.yates@mail.state.ky.us. You may also reach us by telephone at 502-564-3418.

Table 1. Ratings of Content and Data

Useful in my work	72.5%
Interesting	68.5
Relevant	58.4
Accurate	48.9

Table 2. Ratings of Literary Quality

Clear	74.7%
Satisfactory article length	64.0
Appropriate	58.4

Table 3. Ratings of Appearance

Readable type	80.3%
Clear graphics	52.8
Attractive	48.3
Appealing layout	34.3

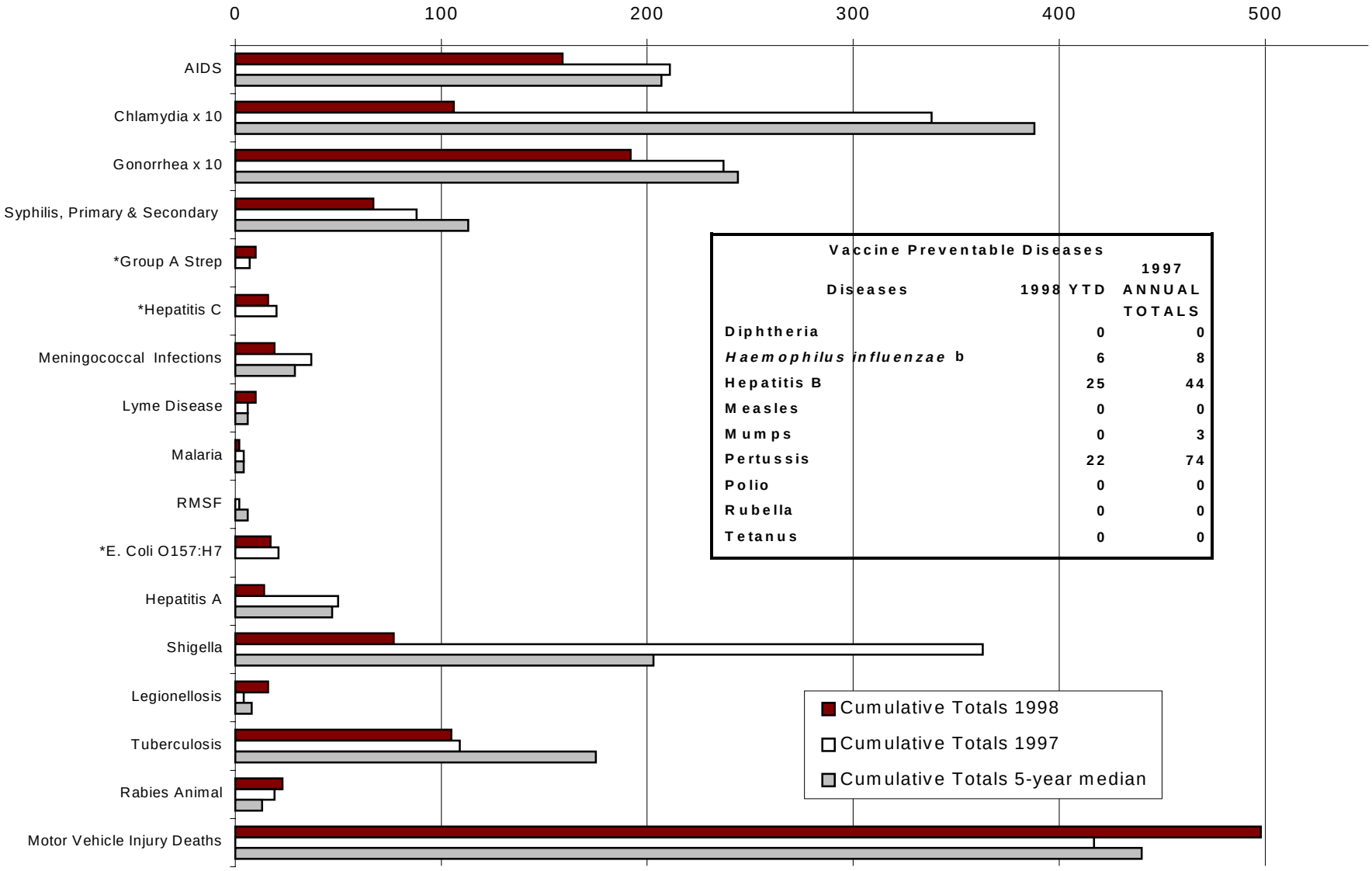
Table 4. Desired Topics

Infectious diseases	80.9%
Vital statistics reports	55.1
Health policy & planning	53.9
Environmental health	51.7
Chronic diseases	49.4
Injury/violence prevention	47.2
Maternal & child health	41.0

Look for Dr. SmokeStopper

Beginning in September, Dr. SmokeStopper volunteers working with Regional Prevention Centers will schedule 5 minute appointments with primary care physicians to discuss the impact of smoking cessation counseling by physicians and to provide patient education materials. The state-wide project is a public health collaboration between the Kentucky Medical Association, the Department for Public Health, and the Division of Substance Abuse, Department for Mental Health and Mental Retardation Services. For more information contact your local Regional Prevention Center at 800-432-9337 or Don Coffey, Division of Substance Abuse, at 502-564-2880.

CASES OF SELECTED REPORTABLE DISEASES IN KENTUCKY, YEAR TO DATE (YTD) THROUGH JULY 1998



Vaccine Preventable Diseases

Diseases	1998 YTD	1997 ANNUAL TOTALS
Diphtheria	0	0
Haemophilus influenzae b	6	8
Hepatitis B	25	44
Measles	0	0
Mumps	0	3
Pertussis	22	74
Polio	0	0
Rubella	0	0
Tetanus	0	0

*Historical data are not available.

Contributed by: Patricia Beeler, Surveillance & Investigations Branch

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National Food Safety Education Month — September 1998

September is National Food Safety Education Month. This year, CDC, the U.S. Department of Agriculture, and the Food and Drug Administration are participating in the fourth annual National Food Safety Education Month. This year's theme, "Keep It Clean," emphasizes that an important step in food safety is proper handling and preparation of food, especially foods of animal origin (e.g., meat, poultry, and eggs). The primary goal of
National Food Safety Education Month is to educate the public about handling and preparing food properly. Other important food safety messages that will be emphasized include the prevention of cross-contamination and cooking foods to their proper temperature.

Additional information about food safety is available at the World-Wide Web site, http://www.foodsafety.gov. A free "Keep it Clean" brochure is available from the International Food Safety Council, telephone 800-266-5762 (800-COOKSMART).

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